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HISTORICAL OUTLINE OF MEDICINE*

I. J. MACCOLLUM, M. D.,
WYOMING, DEL.

The history of medicine is the history of civilization. The standard of the medical profession may be said to be the barometer of the cultured intelligence of a nation. The medical man may rise or fall according to the specific gravity of his thoughts.

Primitive man was highly superstitious; so primitive medicine had its beginning in superstition and mysticism. As empiricism began to lay hold of the primitive mind, the primitive man began to reason in terms of cause and effect; just to that extent did rationalism permeate the medical thought of the time.

There is no direct transitional stage between primitive medicine and later rational medicine. The Egyptian, the Babylonian, the Assyrian, the Persian and the Jew helped to mould the medical thought, and, to a more or less degree, were influential in formulating a rational basis on which modern medicine was to develop.

Greece, the most learned nation of antiquity, questioned all things and dismissed those that could not be proved, so it is to her that the real rationalism of medicine is due, and it was given to her son Hippocrates, venerated as the "Father of Medicine," to establish and formulate a system of medicine which has outlived the ages, yet elastic enough to embrace the developments of time.

From the time of Hippocrates there were no worthwhile developments in medicine until the dawn or awakening of the pre-renaissance period. Instead, medicine again fell into the ranks of superstition. The fundamental facts of observation and experience gave way to speculative thinking. Largely through the efforts of Arnold, Bacon, and Petrarch there was a decided improvement in

medicine, especially in anatomy and surgery, which had been debased and had descended to a low level under the guidance of the clerical Roman.

The sixteenth century marks the beginning of modern medicine. Many men contributed important achievements to medicine in this period, but pre-eminently among them were Paracelsus of internal medicine, Vesalius the anatomist, and Paré the surgeon. Through the efforts of these three men, who by cold-blooded facts overthrew the Galenic and Arabist theories, medicine was again established on a rational basis.

By far the most important single contribution to medicine since the time of the ancient Greek was the discovery of the circulation of blood by William Harvey, early in the seventeenth century. When you realize that this was done without the aid of the microscope you can perceive more clearly the genius of this man.

Sidenham, the greatest of clinicians, propounded sound theories of disease. He was an intensive investigator and a logical thinker. The Hunters of the eighteenth century did much to put medicine on a sound foundation. Through their efforts, clinical and pathological processes were correlated and systematized. William Hunter may well be called the father of modern physiology. It was he who first introduced experimentation and research, and who, step by step, traced many of the physiological processes that govern the mechanism of our bodies. Should one visit the Hunter Museum of the Royal College of Surgeons, England, and view those some fourteen thousand specimens prepared by John Hunter, one would be able to comprehend the profound influence he had on the medical advancement of that time. John Hunter's reply to Jenner, when asked regarding vaccination, "Do not think, try; be patient, be accurate," goes to show the caliber of this man, and his reasoning that there is a fundamental similarity in vital processes.

It was during the eighteenth century that America entered the field of scientific medicine, but she was not able to accomplish much until

*Presidential address delivered before the Medical Society of Delaware, Dover, October 15, 1930.

after the American Revolution. To William Shippen, John Morgan, and Benjamin Rush, belong the honors of pioneer medicine in America.

From Pasteur, one of the greatest of scientists, through his relentless and untiring efforts, the doctrine of spontaneous generation received its death blow, and the germ theory of disease was established. One can hardly think of Pasteur without at the same time recalling the memorable name of Lister, who through the application of the principles of Pasteur was able to demonstrate the practicability of the germ theory in the clinical amphitheatre. Modern surgery may be said to date from these two men, before whom the only surgery was the surgery of extreme necessity.

In the first acceptance of the germ theory, it was thought that the germs were on the surface and that the air transmitted the infection. There was no thought that the deadly organisms invaded the tissues or involved the circulation. Carbolic acid was continually sprayed on the operative field, and an impervious dressing was used to prevent contamination by air.

Oliver Wendell Holmes of this country, suggested the contagiousness of puerperal fever, but it remained for Semmelweis to show the exact nature of this infection, its mode of transmission, and how to prevent its dissemination. At this time the air as a purveyor of infection was losing ground. The source of contamination was recognized to be in the things that came in contact with the wound; viz, the hands, the instruments, and the dressings. It was then that these things began to receive proper attention and were cleansed or sterilized with strong antiseptics. Large quantities of antiseptic solutions were used to flush the operative field; only too often strong antiseptic solutions were poured into the peritoneal cavity with immediate grave results. This was truly an antiseptic age, when the aim was to find an antiseptic that would destroy the germ but spare the patient, a quest that has continued unsuccessfully ever since.

I said that modern surgery dated from Pasteur and Lister; I am rather inclined to change my point of view and say that modern surgery dates from the discovery of anesthesia. Inscribed on the monument of Thomas G. Morton, M. D., in Boston, Massachusetts, are these lines: "Inventor and revealer of anesthetic inhalation, before whom pain in surgery was averted and annulled;

since whom science has controlled pain." Velpeau wrote in 1839, "To escape pain in surgical operation is a chimera which we are not permitted to look for in our time." Regardless of asepsis or antisepsis, regardless of the dangers of invalidism or death, how many would yield to the surgeon's scalpel if it were not that pain could be relieved, and, in many instances, unconsciousness produced?

Following the period of antisepsis and anesthesia, is the period of asepsis, or the present period. Today we are more concerned in avoiding infection rather than combating it. Water, soap, alcohol, and iodine are relied upon to cleanse the operative field and hands; boiling or live steam under pressure is the chief means of sterilizing instruments and dressings. Asepsis of today is so thorough that there are few operative infections. New antiseptics are continually being sought to take care of infections that occur outside of the operating room. Because asepsis and antisepsis are so thorough, and because infections are so rare the surgeon is able to devote his attention to other vital factors. Today the surgeon aims to determine the operative status of his patient; the heart, the lungs, the kidneys, the blood, and in many instances the central nervous system are carefully examined preparatory to operative procedures.

The field of medicine has become so extensive that it is beyond the hope or expectation of any single mind to grasp any other than its fundamental facts; hence there has developed an age of specialization. In specialization there must be co-ordination and co-operation. Hospitals are centers where the obscure country doctor is able to cope with his city brethren, and where his patients are able to receive the latest and best there is in medicine. Through such co-ordination we may be able to prevent or to cure the incurable.

If I may peer a bit into the future I would predict that the future of medicine lies in the biochemical and the electro-chemical fields; a distinction between the two cannot be made. Just what the medical man of tomorrow will be called upon to do is beyond me to predict. There will be new problems to solve and he must solve them.

It is from three to five hundred thousand years from the Java man to our time; fifteen to eighteen thousand years separates us from the man of the old stone age; it is four hundred and thirty-eight

years since the discovery of America; it is two hundred and fifty years from the Boston Post Road to the transcontinental air mail; one hundred years from the horse-drawn cannon of Waterloo to the tanks of the Marne, it is only twenty-two days around the world; and only thirty-three and one-half hours from New York to Paris. The path up the mountain of civilization is becoming more and more treacherous as we approach the peak, and there is danger that our foothold may slip at the edge of the precipice. Trotten has pointed out that with all his science, man, the multicellular complex organism, cannot save himself from the single-celled amoeba, and has added that if steps are not taken in this direction, nature may brush man from her work-table to make room for another of her tireless experiments.

Yes! Civilization does move, and we believe it moves forward, contrary to some historians. Greece was a great nation, but in many respects not far removed from the savage tribes. It is true that in 1456 malefactors were boiled in the caldrons of the swine market in Paris. Civilization must move, our profession must move; both are dynamic, not static; and change is life. With this thought in mind I shall end with a quotation from Havelock Ellis: "The present is in every age merely the point at which the past and future meet, and we have no quarrel with either. There can be no world without tradition; without life there can be no movement. As Heraclitus said at the beginning of modern philosophy, we can never bathe twice in the same stream, but as we now know, the stream runs in an unending circle. There is never a moment when the new dawn is not somewhere breaking over the earth, and never a moment when the sunset ceases to die; we should greet the new dawn serenely, not hastening toward it with undue speed nor yet leaving without regret the dying light that was once dawn."

Empysema of Head and Neck Complicating Tonsillectomy

Three cases of empysema complicating tonsillectomy are reported by Frederick H. von Hofe, East Orange, N. J. (*Journal A. M. A.*, Sept. 27, 1930). It seems possible that this condition may be brought about as follows: 1. The air may enter the tissue following perforation of the tonsillar fossa bed. 2. The air may enter the tissues following perforation of lung vesicles. 3. It is possible that air may enter the tissues after being forced into Whartons duct and thence diffused.

ON THE KLAIR LAW*

CHARLES P. WHITE, M. D.,
WILMINGTON, DEL.

Mr. President and Gentlemen:

I do not know that I have anything particularly constructive or new to say in this matter of the Klair Law, for after all that has been said it is almost impossible to think that anything has been left unsaid; but sometimes one can take an old subject and talk about it a little differently and those listening get a new slant. I had hoped maybe to be able to give you such a new slant, but you can tell better after I am through.

It is quite apparent that there has been of late an increase in the opposition to these prohibition laws, but whether it is the same old opposition we have always had making more noise or whether it is the same old opposition better systematized and better generalized I do not know; but assuming that the Klair Law remains on the statute book unchanged, one question which I have to answer and you likewise have to answer is, will I obey it or will I disobey it? I always like to obey the laws of our land, but it has been impossible for me to bring my conscience in line with this Klair Law.

Whenever I have discussed the Klair Law question with myself, two lines of thought instantly occur; first, "What about this drug we call alcohol?" and the second, "the principle of the Klair Law as applied to us doctors."

When I left college it was my definite impression that alcohol was of some benefit in certain diseases at least, but since that time I have noticed that this view has been attacked by more than one authority.

One investigator says that alcohol never was a medicine, never was a food, never was anything but poison.

Another says that alcohol does very badly what it starts out to do.

Another says that there are other drugs which do the work of alcohol and do it better.

And still another says that the use of alcohol even in small quantities may beget the alcohol habit, etc.

It is not my idea to go into the merits and demerits of alcohol, but if my mind turns to the side

* Delivered before the New Castle County Medical Society, Wilmington, October 7, 1930.

of those who believe that alcohol is of some help in case of disease, it must be charged to my early training.

And by the principle of the thing I mean this: Here we are, people trained in the science of medicine and the art of drugs, but by reason of the Klair Law we can not use alcohol in the shape of medicinal liquor, and yet there is not another drug in all this wide world that we can not so use if we feel like doing so; and this makes me ask the question, "Do we doctors know as much about alcohol as we think we do, or did the Legislature of 1919 which passed the Klair Law know more?"

It has been hard for me to convince myself that the Legislature knew more about this subject than we doctors do, and, therefore, as I said before, it has been very difficult for me to bring my mind to act in conformity with this Klair Law. Sometimes I think that the prohibitionists are ashamed of this Klair Law as it applies to us doctors, but on the other hand I sometimes think not, because I was reading in the Morning News some months ago that the Reverend Somebody, in connection with the W. C. T. U., or some such organization, had drafted a new law to be presented at this session of the Legislature oncoming to the effect that any doctor found guilty of disobeying the Klair Law would be deprived of his right to practice medicine.

To my way of thinking, that is just one more piece of stupidity to be added to the stupidity we already have, because the Klair Law is on the statute book against the opinion of seventy-five per cent (75%) of the medical profession of the State of Delaware, besides which it can not be enforced against us doctors; and moreover, it weighs only on the poorer people of our community.

For such patients as I have had during these several years, I ordered the whiskey, and they having the price, got it; but if the patient were poor and did not have the price then that was an entirely different matter.

You can order the liquor just as surely as I did, by word of mouth instead of writing it down, and I can assure you that the whiskey will be just as strong and just as palatable and if you confine your ordering to that same verbal basis, I venture the prediction that neither the district attorney nor the attorney general nor anybody else whose business it may be to prosecute will be able to secure a conviction against you. I doubt very

much if the district attorney would even bring a case to trial if he were convinced that the whiskey was ordered solely for this purpose of sickness.

Anybody who has the price and can not get the liquor in Wilmington must be deaf, dumb or blind. Billy Sunday said recently that the people in the United States would yet be so dry that they would be unable to spit: but I can say, gentlemen, that the city of Wilmington has a long way to go yet before it arrives at that delightfully dry condition.

The Legislature of 1919 which passed the Klair Law was composed of country store keepers, farmers, butchers, bakers, and bankers, together with some business men from Wilmington, and I do not mean to say anything against their ability, but it was their wisdom, supplemented by what wisdom they got from those certain few dry doctors imported from Baltimore, that decides for the people of Delaware today what the law is in regard to medicinal liquor. Their wisdom, as opposed to ours, obtained by years of education at college and before, added to which we have the experience obtained through these subsequent years of treating sick people; and it would be one answer to the people of Delaware, that if the people want such a law, let them have it; if they need a little bit of liquor, tell them the Klair Law stands in the way; and if they might die without this liquor, let them so die.

But to my mind, gentlemen, that is not the kind of answer that approves itself to us as doctors. The contact of the doctor with the public is measured from the standpoint of service and from no other standpoint; and if the doctors render no service, then the public turns elsewhere; and to tell the sick man that he can't have liquor because of the Klair Law, even though he might die, is to make me feel that Pontius Pilate is again washing his hands. We would be flunking our job as Pontius Pilate flunked his.

When Napoleon Bonaparte campaigned in Egypt, as you all remember, he ventured out of Egypt into Asia Minor, but, by and by, found it necessary to retreat back into Egypt and his line of march was handicapped by the one thousand, or two thousand, or three thousand (more or less) sick and injured men whom he had with him. The march was hot, it was across the desert, and he was in a hurry, so he sought out his chief of the medical staff, Dr. Larrey, and asked the doctor if he could not suggest some quick, easy, convenient way to get rid of these men so he, Napoleon,

could march faster; and Dr. Larrey answered that it was his business to cure people not to kill them.

Now, you have the same job that Dr. Larrey had; he had hundreds to treat and you have one or maybe several. Dr. Larrey had the big chief, Napoleon, to handle, you have the big law—the Klair Law.

If a sick individual comes to you for treatment, the presumption is that he wants to get well, and it is an equal presumption that you will use every means within your power to get him well; and we should not be confronted by any such hindering law as I conceive the Klair Law to be. If you accept this patient, you assume a moral obligation to do all you can to get him well. In addition to that, we each of us have a personal, professional pride in getting our patient well; and these two things, moral obligation plus professional pride spell the word *duty*.

You have the patient before you, we will say, and you have the Klair Law on the one hand and your duty on the other. Our conscience and our judgment all tell us that a little bit of liquor might be the one thing that will get him well; and the reverse of that would be, the absence of this little bit of liquor might be the one thing that will send him over the Great River into the Eternal Beyond from which nobody has ever returned, with the exception of Lazarus, that I know of. Will you give him the little bit of liquor and help to keep him alive, or will you not give it to him? Will you tell him that the Klair Law stands in the way, or will you do your duty like Dr. Larrey did? In other words, will you play Pontius Pilate or Dr. Larrey to your patient?

Certain other thoughts occur to me about this Klair Law, but in regard to them I will be brief.

1st. It is evident to my mind that the Legislature of 1919 paid more attention to the opinions of those doctors from Baltimore than they did to the opinion of the Medical Society of the State of Delaware.

2nd. It is a curious fact, I think, that the United States Government through the Volstead Law, recognizes that there is such a thing as medicinal liquor and arranges with certain distilleries to have an adequate supply always on hand; but the people of Delaware, by reason of this Klair Law, are inhibited to an extent that Volstead did not go.

3rd. It is an equally curious fact that the doctors in Pennsylvania, New York, New Jersey, and

Maryland can order liquor for their patients while a doctor in Delaware may not, which suggests to my mind "are the people of Delaware more wise, more considerate and more careful of their sick people," or are they just a little more foolish, just a little more pharisaical, raising their eyes to God and praying that He take notice how much more holy are we in this state than the people of these other states?

4th. We should never relax our opposition to this Klair Law. We should never let the people of Delaware think that it is a matter of no consequence to us, because a law that is on the statute book in opposition to the opinion of seventy-five per cent of us doctors can not be considered otherwise than as an insult.

We are told that these are good laws, that we should obey them, not disobey them; that to disobey them means to nullify them, and nullification means treason. I have shown you why I cannot bring my mind to line up in accordance with this Klair Law; but if protesting against it means treason, I think I have the answer in some words that Grover Cleveland wrote into one of his messages while he was President, and these words are as follows: "There is no calamity which a great nation can invite which equals that which follows a supine submission to wrong and injustice." Now, if that is good for nations it ought to be good for individuals; and if the President of the United States could advise his people to oppose wrong and injustice, why is it not all right for the New Castle County Medical Society to continue to protest against this Klair Law, for if it is not a wrong and injustice to the poor people of our State and an insult to us doctors, then what is it? Gentlemen, I thank you.

Age of Patients Operated on for Senile Cataract

The age curves presented by Harry S. Gradle, Chicago (*Journal A. M. A.*, Sept. 13, 1930), of 4,370 patients operated on for senile cataract by twelve different operators in various parts of the world showed surprising unanimity. Practically 40 per cent of all senile cataract operations are performed between the age of 60 and 70 years, with an average of 65. The nationality of the patients and the type of operation, whether intracapsular or extracapsular, seems to play but little role in the age curve, although a noticeable difference occurs in comparing the ages of Caucasian and Indian patients.

MEDICAL SOCIETY OF DELAWARE

ABSTRACT OF THE PROCEEDINGS OF THE HOUSE OF DELEGATES

The House of Delegates of the Medical Society of Delaware convened in the State House, Dover, Delaware, on Tuesday morning, October 14, 1930, at eleven-fifteen o'clock, Dr. I. J. MacCollum, President of the Society, presiding.

Roll Call: President, I. J. MacCollum; Secretary, W. O. LaMotte; Councilors, G. C. McElfattrick and Jos. Bringham. Delegates: Kent County: L. S. Conwell, J. S. McDaniel; New Castle: J. W. Bastian, W. E. Bird, I. L. Chipman, G. W. K. Forrest, G. C. McElfattrick, H. L. Springer, P. W. Tomlinson, J. P. Wales. Sussex: W. T. Jones, J. B. Waples, R. B. Hopkins. Alternates: New Castle: M. I. Samuel, William Wertenbaker, D. T. Davidson.

Upon motion regularly made and seconded, it was voted to dispense with the reading of the minutes.

The President appointed the Nominating Committee: J. S. McDaniel, Dover; J. B. Waples, Georgetown; H. L. Springer, New Castle.

Reports of officers were presented as follows:

1. Secretary's report, read and accepted.
2. Treasurer's report, read by the secretary and referred to the Auditing Committee appointed by the President from the Finance Committee: Joseph Bringham, G. C. McElfattrick, P. W. Tomlinson.

Reports of Committees were presented as follows:

1. Committee on Publication: Report by Editor, W. E. Bird. Report by Business Manager, M. A. Tarumianz. Read and accepted with thanks.

2. On call for Report of Committee on Public Policy and Legislation, Dr. L. S. Conwell stated he had no special report to make and asked that the privilege of the floor be given Dr. A. C. Jost, Executive Secretary, State Board of Health.

Dr. Jost asked for an expression of opinion of the Society on the request of the Health Department of the State Legislature, in regard to enlargement of facilities at Brandywine Sanitarium, addition of an epidemiologist to the staff of the Department, and also some one to devote full time to infant and maternal hygiene, tuberculosis, venereal disease, and communicable disease work; also the strengthening of food laws by providing inspectors and more speedy prosecution of of-

fenders. He recommended appropriations as follows:

General Administration	\$15,000
Laboratory	1,500
Brandywine	65,000

(for 65 patients; formerly it was \$40,000 for this institution with fewer patients)

Edgewood	Additional \$20,000
(to increase capacity from 20 to 35 patients)	

It was moved by Dr. W. E. Bird that it be the sense of the House of Delegates that the public health measures as outlined by the secretary of the Health Department be endorsed by the body. The motion was seconded by Dr. Conwell, was put to a vote, and was carried.

The report of the Councilors was made by Dr. George C. McElfattrick, and was accepted.

Report of Committee on Scientific Work was presented by Dr. H. V. P. Wilson and was accepted.

3. Committee on Syphilis report was presented by Dr. I. L. Chipman, and accepted.

4. Report of the Committee on Medical Education was read by Dr. H. L. Springer, and accepted.

5. Report of the Committee on Cancer was read by Dr. H. L. Springer, and was adopted.

6. Report of the Committee on Necrology was made by the secretary, recording the following deaths:

B. A. Jenkin, New Castle.
J. J. Jones, New Castle.
John Palmer, Jr., New Castle.
Louis B. Yerger, New Castle.
G. F. Jones, Sussex.

The report was accepted, and the House observed a period of silence in memory of the departed.

7. Report of the Committee on Hospital Survey was read by Dr. M. A. Tarumianz, and was accepted.

8. Report of the Library Committee was read by Dr. L. B. Flinn, and accepted.

9. Report on Woman's Auxiliary, prepared by Mrs. R. W. Tomlinson, President of the Auxiliary, was read by the secretary, and accepted. The secretary was instructed to reread it before the entire Society on Wednesday, and acknowledge it in proper form.

Reports of Delegates were heard as follows:

1. American Medical Association: Dr. G. W. K. Forrest.

2. Federation of Medical Boards: Dr. H. L. Springer reported it included in report on Medical Education.

3. State Societies: Pennsylvania, D. T. Davidson; New Jersey, C. J. Prickett; New York, P. W. Tomlinson.

4. United States Pharmacopoeial Convention, J. S. McDaniel.

The Nominating Committee report was presented by Dr. J. S. McDaniel. It was regularly moved and seconded that the secretary cast one ballot for the names submitted. The secretary cast the ballot and the President declared them elected.

NEW BUSINESS

1. At the request of New Castle County Medical Society, Dr. J. P. Wales presented for consideration and endorsement a revision of the Klair Act, restoring to physicians the right to prescribe such alcoholic medicinals as they deem right for their patients. Dr. G. W. K. Forrest moved that it be the sense of the Society that the present Klair Law be amended by the substitution of Sec. 14 as read by Dr. Wales, with any minor changes deemed advisable. Motion seconded by Dr. Tomlinson, put to a vote and carried, unanimously.

2. It was suggested by Dr. L. S. Conwell that endorsement be given to the name of Dr. James Tilton as an illustrious citizen of Delaware, to be recommended by the Committee appointed by the Legislature as one in whose memory a statue may be placed in Statuary Hall, Washington, D. C. It was voted that such endorsement be given.

3. Dr. L. B. Flinn asked for an expression as to whether the Society desired official representation on the Board of Directors of the Delaware Academy of Medicine, Inc. It was voted that the President be empowered to appoint one representative to serve in that capacity.

COMMUNICATIONS

4. The secretary read a letter from the U. S. Commission for the Celebration of the 200th Anniversary of the Birth of George Washington, enclosing a resolution endorsing the program. The secretary read the resolution which was adopted unanimously.

2. The secretary read a letter containing greetings from the Iowa State Medical Society.

5. It was voted that appropriations be allowed to cover the expense of the 1930 meeting.

6. It was voted to approve the program as prepared for the Scientific Committee.

7. Wilmington was selected as the place of meeting in 1931.

The House of Delegates adjourned at one-forty o'clock.

Pennsylvania Hospital Institute For Mental Hygiene

111 N. Forty-Ninth Street, Philadelphia, Pa.

The Pennsylvania Hospital announces the opening of its Institute for Mental Hygiene and asks your co-operation, especially for two ventures—one in finding a new type of medical patient and the other in finding a fair rate of charges for patients of moderate means. These ventures cannot succeed without the help of the leaders in medicine in this community.

The Institute is planned for patients who will meet the physicians more than half-way in recognizing that they need help—for fatigue, worries, fears, maladjustments, difficulties in getting on with other people or at their work. The services are for both out-patients and resident patients. There are private accommodations of any type desired for those who remain at the Institute for extensive diagnostic service and treatment. Mental factors as well as physical will be sought out and treated. Classes in occupational and physical therapy, music, and recreation can be used by out-patients or by the patients of any member of a County Medical Society who wishes to make arrangements for them with the occupational or physical director. Children will be received in the out-patient department and in the Franklin School for problem children. The Institute is not licensed and cannot receive any committed patient. It will be greatly interested in toxic mental disturbances and in problems of general convalescence.

An experiment in medical economics is also planned. It is believed that many patients are now hiding their troubles from physicians because they dread unknown charges on one hand and free clinics on the other. The Institute will try to furnish an actual cost-of-care service designed to give people of moderate means every essential of good treatment including privacy and choice

of physician, but with no element of charity. Its experience with such patients it will at once give to physicians in private practice in the hope that a new group will come to physicians' offices for help. Private full rate patients will also be received, and the Institute will be ready to help suitable low rate and free patients.

Patients may be referred for supervision and treatment or for consultation only. When patients are referred for treatment, the Institute invites the physician to act as consultant.

Applications for private patients should be made to Miss Anna L. Frost, and for other patients to Miss Elizabeth McCord, both at Granite 1100, or by letter to the undersigned.

Very truly yours,

LAUREN H. SMITH, M. D.

Executive Medical Officer

The Family Doctor

"Many changes have taken place. Medicine is now as much preventive as curative. The hospital, a place that was once dreaded as a last refuge for the sick, is now looked upon as almost a necessity by those but slightly ill.

"But there is one thought that makes me look back with gratitude and love to the old-fashioned doctor. He treated people; the doctor of today treats a disease. The old family doctor, though he had a long beard where germs abounded, and even a spotty vest, knew his patient and in many cases the patient's family and his physical peculiarities. He did not have to jot down the antecedents or the history of a case on a card; he knew it in his head and in his heart.

"If medicine were an exact science I would say: 'Yes, the family doctor has outlived his generation.' But it is not. There is something to mental healing, and the ounce of confidence which he instills often proves to be a pound of cure."—*William Henry Welch.*

The Price Cutter

The price cutter is worse than a criminal. He is a fool. He not only pulls down the standard of his goods; he not only pulls down his competitors; he pulls down himself and his whole trade. He scuttles the ship in which he himself is afloat.

Nothing is so easy as to cut prices; and nothing

is so hard as to get them back when once they have been pulled down.

Any child can throw a glass of water on the floor, but all the wisest scientists in the world can't pick that water up.

Who gets the benefit of price cutting?

Nobody.

The man who sells makes no profit and the man who buys soon finds himself getting an inferior article.

The man who cuts prices puts up the sign: "This way to the junk pile."

He admits he cannot win by fighting fair.

He brands himself as a hitter below the belt.

If the business world were dominated by price cutters, there would be no business at all.—*Standard Oil Magazine.*

Hypothyroidism

Louis M. Warfield, Milwaukee (*Journal A. M. A.*, Oct. 11, 1930), reviews the clinical pictures of hypothyroidism. He says: Mild to severe grades of hypothyroidism (not myxedema) are common among persons living in a goiter region such as the Great Lakes basin. All classes of people are affected; a considerable proportion are professional men and women. Both underweight and overweight as well as normal weight are found among the patients. The most important single symptom is an undue sense of fatigue, a physical exhaustion which often leads to a neurasthenic state. Other frequent symptoms are constipation, susceptibility to mild infections such as coryza, various aches and pains, and, in women, scanty or profuse menstruation. General abdominal soreness, especially along the colon and in the right iliac fossa, is frequent. Diagnosis cannot be made without evidence of a low basal metabolic rate, as there are no pathognomonic symptoms or signs for the mild hypothyroid state. Differential diagnosis must be made from other endocrine gland failures, especially suprarenal, posterior pituitary and ovary; from such chronic diseases as (1) occult or incipient tuberculosis, (2) diabetes, (3) chronic nephritis, (4) pernicious anemia and other blood diseases. Rheumatic aches and pains and headaches of a migraine type may be due to thyroid failure. Thyroid extract can only normalize the nutritional needs of the body and should never be administered to reduce weight in individuals with normal thyroid function.

EDITORIAL

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Vol. II

OCTOBER, 1930

No. 10

EDITORIAL

THE ANNUAL SESSION

The 141st Annual Session of the Medical Society of Delaware is now history. The session was unique in that every essayist was present with his contribution, and on time. The meetings moved along with celerity and decorum. The attendance was creditably large, interesting discussions were had of all the papers, and we feel that scientifically and socially the Session was a distinct success. Let us now center our efforts on making the 1931 Session the best ever.

HUMAN SALVAGE

This is a mechanical age, an era in which machines do some of the mightiest work of the world. It is a characteristic of this era that the capitalist is extraordinarily solicitous about the welfare of the Diesel engines in his employ, the workman about the automobile that takes him to his job.

Under the circumstances it is to be expected that regard for human life would be slight. But thanks to the hospital betterment movement begun thirteen years ago by the American College of Surgeons, repair of human bodies and minds is being given as much thought as that of machines. What is more, results of this human salvage are apparent in the lowered hospital mortality rate just as surely as the saving of machinery is visible in a corporation's account books.

Today the average total death rate for the hundreds of hospitals which have been approved by the American College of Surgeons as being safe for care of the sick is only four per one hundred patients. When one considers that this figure includes those many emergency patients who arrive in a comatose or dying condition the realization comes that these hospitals and the physicians working in them are doing a truly remarkable job of salvaging wrecked humanity. Through their achievements the hospital has now become a place to inspire hope rather than fear.

The vast improvement in mortality rates among approved or standardized hospitals, as they are known, has come about almost wholly through the high standards set by the American College of Surgeons and their observance on the part of members of the medical profession. These minimum standards which hospitals must meet in order to gain approval prevent unqualified physicians from practicing in such institutions, require the keeping of clinical records, demand a review of all cases resulting in death, make laboratory examinations essential, in short, seek to improve all phases of hospital activities. It is rather amazing to learn that thirteen years ago only eighty-nine hospitals in the United States and Canada met the above so-called minimum requirements. Now 2,063 hospitals meet the standards for the safe and efficient care of the sick and injured established by the surgeons' association.

The number of hospitals has increased stupendously since 1918, the year in which the American College of Surgeons began its program of inspecting and improving hospitals. If there had been no organized effort to align these institutions in a movement for better care of patients it is quite probable that the public would be at the mercy of unethical and inefficient persons who were allowed to work side by side with reputable physicians and hospital personnel. Now prospec-

tive patients can choose their hospitals from an approved list of institutions which are known to meet standards of good care. For this service the public owes a debt of gratitude to the American College of Surgeons and to the hospitals that have voluntarily met the standards.

What could be of more concern to the people of this great nation than good health and preservation of man power? On this depends the happiness, the safety and the prosperity of the nation, as well as all good things in this world. The standardized hospitals, now 2,063 in number, are strong fortresses from which the great army of health—doctors, nurses, and their co-workers—can successfully battle disease. Deaths from accidents, heart and kidney diseases, cancer, tuberculosis, arterio-sclerosis or high blood pressure, and many other diseases causing premature death of our citizens can be reduced and held in check by the great corps of workers in standardized hospitals, but only with the intelligent understanding and co-operation of the public.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments; and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital. We invite and urge you to use this Service.

It is absolutely free to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve you.

Delaware physicians will soon have an opportunity to show whether they really and consistently want to rid Delaware, and the whole country, of the iniquities of Volsteadism. We must select a United States Senator next month, and since the two aspirants are on opposite sides of the so-called liquor question, our physicians can, if they so wish, forget politics and parties as such, and vote for the candidate whose views coincide with their own. The Democrat Bayard has manfully stated he will vote for the repeal of our present brand of prohibition, while the Republican Hastings has declared himself as satisfied with the present status. So there you are, gentlemen; make your selection and vote accordingly.

The pure food and drugs law prohibits, with severe penalties, the sale of adulterated or mis-

branded foods and chemicals, and yet the government turns around and sells adulterated alcohol and reserves the right to refuse to tell how badly the alcohol is adulterated so that it loses its standing as alcohol. A fine piece of consistency!—*J. Ind. S. M. A.*

But better news is here for those who have fur-tively made their own stuff. Mr. Amos W. W. Woodcock, the new Prohibition Dictator, says common sense and reason shall prevail during his tenure of office, and as evidence thereof he has already declared that the national prohibition laws are interpreted as meaning: (a) that the brewing of beer and the making of wine within the home does not contravene the law, unless there is evidence of sale; and (b) that the transportation of one's own liquors, beer, or wine, if legally acquired, does not contravene the law, unless there is evidence of sale. What a coincidence that this, the first glimmer of real brains in the whole enforcement machinery, should come from a Marylander, whose own state stands conspicuous as one of the few which could not be stamped by a loud-mouthed minority, and whose chief executive is the foremost champion of state's rights.

"The appointment of Dr. James H. Hutton, president-elect of the Chicago Medical Society, as consulting endocrinologist of the Illinois Central Railroad to keep the ductless glands of 60,000 employees of the railroad functioning properly, was announced yesterday by Dr. G. G. Dowdall, Chief Surgeon of the railroad. The appointment is believed to be the first of its kind in the history of industrial medicine."—*Chicago Tribune*, April 6th, 1930.

And thus enters one more wedge into the practice and purse of our Chicago confreres. After a while the corporations will soon have every medical and surgical specialty included in the service rendered employees and their families, and then the outside doctors will have no patients, and then there will be no outside doctors, and then the medical schools will close (except the couple maintained solely by the corporations solely for themselves), and then everybody, including the agriculturists, in order to get a doctor, will have to get a job with the corporations, and then . . . oh, heck, just label the whole works, "Modern Industrial Efficiency", and chisel on Hippocrates' tombstone:

Here Lies
Hippocrates
Father of Medicine
His Kind Is No More
and
The Earth Is Sad Indeed

But from the Far West, creator of the modern movies, founder of the four-square religion, home of the referendum and the recall, comes one stenorian blast. The Supreme Court of California has recently decided that, under the California law, corporation doctors cannot treat employees or other persons, except in emergencies or for conditions arising solely from the employee's occupation, or words to this general effect. In other words, California has prohibited the corporation doctors from engaging in any phase of private practice. Now, brothers, do not rush out to California (the State Board is fairly "stiff"), for we predict that within a few years most of the states will have copied the California Act, in-so-far as the rights of private practice are defined.

Going back to Chicago, what is the latest dope on that baby mix-up? We heard rumors of a suit against the hospital, which reminds us that hospitals, like physicians, should protect themselves against suits by ample insurance in a reliable company. And yet, we do not know, off-hand, of a single hospital that carries this type of indemnity insurance.

Charge Business Hampers Cancer Aid

Dr. E. C. Ernst Cites Monopoly in Radium and Xray Tube Markets

To satisfy its greed for greater profits, big business deliberately is throttling mechanical advances in the diagnosis and treatment of cancer that probably would save hundreds of lives and limbs each year, Dr. Edwin C. Ernst, president of the Radiological Research Institute, Inc., declared here yesterday.

The world's output of radium and the manufacture of xray equipment in the United States both lie in the grip of monopolies, which to date willfully have refused to exercise their capacities for the further alleviation of human suffering, because such a program would not produce bigger dividends, he asserted.

Dr. Ernst's charges were made in the course of an address before 363 surgeons, pathologists and radiologists from all parts of the United States, who have assembled at the Hotel Belvedere for a post-graduate course in tumors and diseases of bone. The course ends today.

The monopoly which produces xray tubes in the United States has been granted more than a

hundred patents for their improvement, but these patents lie unused in the United States Patent Office at Washington and the company continues to produce tubes in which there has been "practically no improvement" in the last seven years, Dr. Ernst said.

CITES DECLINE IN QUALITY

Its products, in fact, he added, have declined in quality and durability during the period while remaining constant in price. Similar equipment manufactured in Europe is vastly superior in quality and only half as expensive, Dr. Ernst said. Amplifying his remarks later, he explained that American radiologists are hindered from buying German xray tubes by a thirty-five per cent tariff, which Congress has imposed for the protection of the monopoly, and by the trust's practice of forcing dealers to agree not to handle any but its xray tubes.

"When I imported tubes direct for my own use," Dr. Ernst continued, "the monopoly threatened to bring suit against me for violation of its patent right, but I called its bluff."

FOREIGN TUBES SUPERIOR

The superior tubes of foreign manufacture allow for more rapid exposures than the more costly American tubes, have greater penetration and power, and can be directed more easily and safely at diseased areas, he said, emphasizing that these are all factors of inestimable importance in the treatment of cancer. Moreover, Dr. Ernst added, the gamma rays produced by the foreign xray tubes are more nearly like those of radium than are the gamma rays from American tubes.

Xray tubes, produced by the American monopoly, cost between \$125 and \$300 apiece, and some cost as much as \$450 each, he said, pointing out that their lack of durability enhances their initial cost. One foreign-made tube will outlast four American-made tubes and the vastly superior German tubes cost little more than half as much, he said, adding:

TUBES CAN BE IMPROVED

"There is no question but that the xray tubes can be materially improved and made more powerful. We now produce xrays of from 6,000 to 250,000 volts, and if we went to 300,000 or 400,000 volts, we could get practically radium rays from an xray tube. We know results would be better. But we cannot go that high, for we lack

(Continued on Page 182)

DELAWARE PHARMACEUTICAL SOCIETY

A BRIEF HISTORY OF PHARMACY*

THOMAS DONALDSON,
Wilmington, Del.

Mr. Chairman and Gentlemen: Our chairman on entertainment asked me if I would tell you something of the history of the drug business. I answered "Yes," but doubted if it would be interesting to our members, but he insisted, so here I am, and if my account is not interesting to you, place the blame where it belongs.

I am, however, going to endeavor to give you a brief sketch of pharmacy, past and present. Pharmacy is defined as the science which treats of medical substances. It comprehends not only a knowledge of medicines, and the art of preparing and dispensing them, but also their identification, selection, preservation, combination, and analysis.

Drugs are as old as time. You can go back to the Book of Exodus in the Bible, where the apothecary is mentioned even at that early day. Also in different parts of the Bible there are mentioned many drugs such as hyssop, chittam or Sacred Bark which we know as cascara, also balsams, gum resins, spices, etc. You will probably recall when the Queen of Sheba visited King Solomon she took with her as an offering many valuable drugs, spices, aromatic balsams, etc. Those were the days, gentlemen, when women took presents to the men—this is not the practice in this day.

In the early days magic and superstition jointly with religion dominated the practice of medicine and pharmacy. The earliest records of pharmacy go back to the time of Cheops, about 3700 B. C. The Ebers Papyrus contains a collection of prescriptions and formulas covering a wide range of uses. It is in the form of a scroll twenty-two yards long and about twelve inches wide, of yellowish-brown papyrus of the finest quality. It was purchased by George Ebers, the famous German Egyptologist, in 1872 from an Arab of Luxor who claimed to have discovered it between the knees of a mummy disinterred from the Theban Necropolis, then the resort of random treasure hunters. The date assigned to the document is about 1552 B. C. This Papyrus contains invocations and conjuring forms for driving away dis-

ease; also many drugs that are in common use today such as yeast, vinegar, turpentine, figs, castor oil, myrrh, mastic, frankincense, wormwood, aloes, opium, and many others. The Egyptians at this time used many mineral and metallic substances—also precious stones to charm away disease. The Egyptian influence lasted for thousands of years, even, to some extent, into the present day. The animal drugs of that day included lizard's blood, swine's teeth, putrid meat, stinking fat, moisture from pigs' ears, milk, goosegrease, animal fats, including human, donkeys, dogs, cats and even flies.

It was the practice in those days to use a great number of drugs in one preparation. A poultice might contain from thirty to thirty-five ingredients. Mixtures contained from thirty to sixty-five ingredients. A preparation known as *confectio damocratis* consisted of sixty-one ingredients. This preparation was used very largely at that time.

Greek medicine began with Hippocrates, who was born 460 B. C. He introduced clinical records such as are in use today. Some of his methods are still followed, with little change in procedure. His writings specified about 400 different drugs, a great many of which are still in use. He was one of the wisest men of that brilliant age, and is still called the father of medicine. Previous to his time, diseases and ailments were treated by incantations and charms. He revolted against such practices, realizing that however diseases may be regarded from a religious point of view they must all be scientifically treated as subject to natural laws. We still have today some 200 drugs that he discovered, compounded, or used. I have noticed frequently in waiting rooms of physicians the Oath of Hippocrates,[†] framed and occupying a prominent position.

A great many of the medicinal herbs during the eighth and tenth centuries were cultivated in monastery gardens. The monasteries also possessed collections of minerals and animals as well as plants.

About the eleventh century a great deal of pseudo-religious medical and pharmaceutical hocus-pocus was in vogue, and left its influence for many years in pharmaceutical formulas. As an instance, there was the ointment of the Twelve Apostles which had twelve important ingredi-

* Read before the Wilmington Chamber of Commerce.

[†] (Ed. Note)—Most authorities are agreed that the Hippocratic Oath was not written by Hippocrates.

ents. Also, there was the practice of repeating a particular prayer while liniment was being rubbed in.

The first Pharmacopoeia (a book of medical formulas) to be officially adopted by a nation was called the London Pharmacopoeia. It contains 1,028 simple drugs, 932 preparations and compounds, 91 animal drugs, 271 herbs, 138 roots and 138 seeds. This was adopted in 1618, King James I issuing a proclamation requiring all apothecaries to obey the Pharmacopoeia. The first Pharmacopoeia in America was published in Philadelphia in 1778. It was printed in Latin upon thirty-two pages, a later edition being published in 1781.

The alchemists, who were the medical chemists, also deserve much credit for their discoveries in the line of chemistry, although it was their main purpose to perfect a process of transmuting the baser metals into gold. However, they did make a great many discoveries and were indefatigable workers.

As time passed a great many drugs have been added, and many have been dropped by the wayside, but there are still a great number in active use.

The drug business has experienced many changes in the last one hundred years. Colleges of pharmacy have been established, and many students have been taught, and then required to pass stiff examinations in botany, materia medica, chemistry, pharmacy, and toxicology before being allowed to practice pharmacy.

The Federal Pure Food and Drugs Act that was passed in 1906 put the business on a more scientific basis. The U. S. Pharmacopoeia and National Formulary were made standard, thus doing away with a great many secret formulas that were in common use prior to that time. Nearly every druggist had his own formulas for making certain preparations. For instance, you could purchase an ordinary preparation, such as paregoric, from a number of different sources and you would not find two that were exactly alike, although the result would be practically the same. Now these preparations are standard and should be the same wherever purchased.

Then later came the agitation for Federal narcotic legislation, as a result of what seemed to be a growing abuse of the use of habit-forming narcotic drugs. It was not until the ratification of the International Opium Convention by the sev-

eral powers, including the United States, at The Hague in 1912 that the foundation was laid for the enactment of the Harrison Narcotic Act by Congress.

The Act of 1909 had dealt a deadly blow to smoking opium in this country by the imposition of a prohibitive tax, but the Harrison Act enacted in 1914 was the first Federal statute designated to regulate the traffic in habit-forming narcotic drugs by limiting it to medical and legitimate purposes under government license.

The system of regulation by licensing, record-keeping, and reporting under government supervision has proved so effective that successive annual reports of the Commissioner of Internal Revenue boast that the traffic in habit-forming narcotic drugs is under better control in the United States than in any other country. Serious violations of the Harrison Act and the supplemental act known as the Federal Narcotic Exports and Imports Act by the drug trade and the medical profession are negligible, according to government reports.

It is admitted that the use of habit-forming drugs is abused in this as in every other country, but such abuses are attributed to the unlicensed traffic, such as irresponsible smugglers and peddlers, whose agents are composed of the criminal classes, and whose identity and location cannot be established. You will recall when we had the pleasure of hearing Warden Leach a few weeks ago he stated that he thought the greatest menace to law and society today was the bootlegger, and when I asked him concerning the dope fiend he stated that in the last six months there had only been one conviction in Delaware.

The problem of narcotic drug addiction, like that involving the misuse of alcohol or anything else, in my opinion, may be solved only in one way, namely, by education as to the difference between the proper use and the abuse of the habit-forming agent. This educational work properly belongs to the home, the school, and the church. The development of knowledge of the subject, and the teaching of self-control in all things will solve the problem—legislation alone will not. The citizen must be governed from within and not from without.

The next legislation that had a great influence on the drug business was the Eighteenth Amendment. This Amendment has had a very demoralizing effect on the drug business. When the

Amendment was passed and the Volstead Act became a law for its enforcement chaos resulted. The prohibition unit, which consisted of the Secretary of the Treasury, the Commissioner of Internal Revenue, the National Prohibition Commissioner, and the State Directors, decided that as there were no longer any beverage intoxicants and that these intoxicants could only be used as a medicine the proper place for them was in drug stores, and permits for furnishing these stores should be granted only to wholesale druggists. Immediately all the wholesale liquor dealers became wholesale druggists: while they did not sell or stock drugs, they were still selling whisky, etc., as before.

Then the prohibition unit attempted to define a wholesale druggist as one who at all times kept in stock such articles as are necessary to the conduct of a retail drug store. The so-called wholesale druggists put in a small stock of drugs (possibly \$500 or \$1,000 worth), and when the government inspectors visited them they called attention to this stock, which they did not attempt to sell.

Later, when the prohibition unit saw they were not accomplishing their object they made another ruling that only ten per cent of the sales of wholesale druggists should consist of alcoholic liquors.

This regulation is what caused demoralization. As an instance, a certain wholesale liquor dealer in Philadelphia had \$100,000 worth of liquor to dispose of. To do this he had to sell \$900,000 worth of drugs, sundries, etc. He bought stocks of drugs, patent medicines, etc., and sold them at cost and oftentimes below cost, for the purpose of disposing of his liquors. This you can readily understand was very demoralizing to legitimate business. However, these so-called wholesale druggists have now been about eliminated, I am thankful to say.

Now, gentlemen, I do not want to burden you with our troubles, and would say, in closing, that we have in the United States sixty colleges of pharmacy, that graduate over 3,500 students every year. There are about 53,500 retail drug stores, about 300 service wholesalers with sales organizations of over 2,500. We are going ahead endeavoring to raise the standards and requirements of the profession, and think it will show up well with any other profession in its accomplishments and service.

WOMAN'S AUXILIARY

The annual meeting of the Woman's Auxiliary was held Wednesday, October 15, 1930, at the Maple Dale Country Club, Dover, at 10 A. M. The program was as follows:

Greetings: Dr. Taleasin H. Davies, Wilmington, Chairman of the Advisory Committee. Business Meeting—Address: Mrs. J. Newton Hunsberger, National President, Norristown, Pa. Our Neighbors' Activities: Mrs. Walter Freeman, President, Pennsylvania Auxiliary; Mrs. James Hunter, President, New Jersey Auxiliary; Mrs. W. B. Odenatt, President, Philadelphia County Auxiliary. The Medical Library: Dr. Lewis Flinn, Wilmington. Address: Dr. I. J. MacCollum, President of the Medical Society of Delaware.

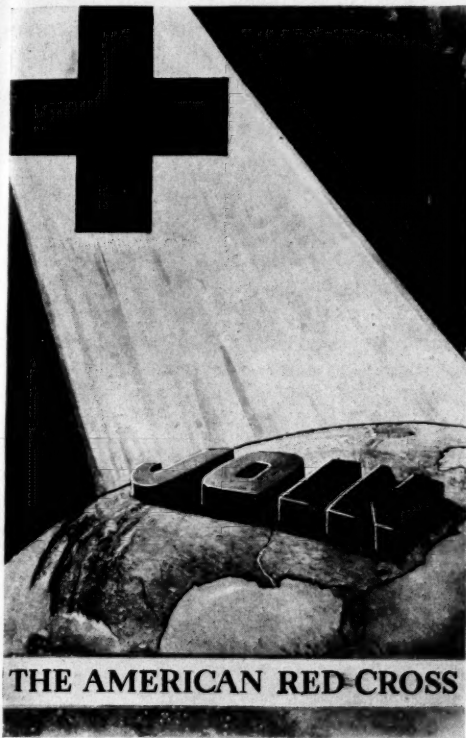
Following this a delightful luncheon was served, with the members of the Medical Society also in attendance. There was no election of officers, the ones elected last year having been elected for a term of two years.

Attention, Ladies!

In the September number of *The Delineator* Celia Caroline Cole presumes to give some sage medical advice, and as treatment "for the puffy look around the eyes and lines and wrinkled lids," among other things she says, "Eye exercises—spectacles if you have to have them, but better take the eye exercises and have a good osteopath adjust the nerves in the back of the neck and backbone and then dispense with spectacles." Further on she says, "Use a nourishing cream on the lines and a mild astringent on the puffiness. Learn to rest your eyes by palming, or when you are out in public and can't palm, merely by thinking of lovely things you have seen—feel the eyes relax with pleasure—or by thinking of deep, deep, smoky, floating, velvety black."

Think of feeding such tommyrot to sensible readers and imagine, if you can, how idiotic this advice appears to many intelligent readers whether they know much about scientific medicine or not. Just how the proprietors and owners of *The Delineator* can square themselves after accepting for publication such nonsensical stuff remains to be seen, and it is more difficult to understand why *The Delineator* permits its pages to be so prostituted. As a suggestion to the members of the Woman's Auxiliary of the American Medical Association we recommend that each and every one of them write a letter of protest to *The Delineator*, and accompany it with the request that *The Delineator* make suitable amends or cancel the subscription of the writer. You can bet a dollar against a punched nickel that if even a few hundred members of the Woman's Auxiliary, with their influence in women's clubs, attack *The Delineator* for printing such untrustworthy information as herein quoted, there will be a right-about-face policy adopted by the publishers and owners of *The Delineator*. Intelligent people do not want their favorite periodicals to be dealing out false, unscientific and untrustworthy articles concerning the practices of medical pretenders, and if the owners and publishers of *The Delineator* are wise they will not have a repetition of articles such as the one to which we refer—*Jour. Ind. St. Med. Assn.*

MISCELLANEOUS

**Immunizing Program Aided by Red Cross**

Attention to child health in many progressive states, particularly among school children, is a contributing factor to better national health.

Immunization against such diseases as diphtheria, smallpox, measles and others formerly associated with child-raising is an important step in the program.

State and local health officers usually direct such work, but in many communities, particularly rural, the Red Cross public health nurse is an important aide. One of the duties of such nurses is to assist local health work by co-operating with the responsible authorities in carrying it forward.

Anti-toxins, and other materials required, usually are provided through the state health departments, but where the Red Cross nurse or the Red Cross Chapter under which she serves, must obtain them, it is customary to buy through local sources; that is, reputable drug firms and dispensaries in the community.

The Red Cross emphasizes its health-building services in urging each year, the enrollment of every one in its ranks as a member, because the support of a large membership makes such work possible throughout the country. Enrollment this year is from November 11 to 27.

Pure Milk Becoming Increasingly Necessary

Increasing attention by medical authorities and state and municipal health bureaus to the importance of pure milk is an outgrowth of its recognition as a valuable food item for both children and adults.

The Surgeon General of the United States has said: "Milk is second to no other food as an item of diet and is second only to water as a vehicle of disease transmission."

At a conference of State and Provincial Health Authorities of North America it was developed that during 1928, there had occurred in the United States and Canada a series of 43 milk-borne epidemics, resulting in 94 deaths and 2,129 cases. This does not include infant deaths from ailments traceable to contaminated milk.

The safeguarding of the community water supply has advanced much further than in the case of a community's milk sources; although undoubtedly, according to students of the matter, progress is being made in this direction. According to Dr. S. J. Crumbine, the following defines a standard of milk:

"Clean milk is whole milk produced from healthy cows, under such controlled sanitary surroundings and conditions as will safeguard the milk from contamination by any form of dirt or dangerous organism.

"Safe milk is clean milk that has been rendered absolutely safe from any possibility of dangerous contamination from animal or human sources by heating every drop to a temperature of 145° F. and holding it at that temperature for 30 minutes, and then rapidly cooling and bottling in sterile bottles. Only properly constructed and properly operated pasteurization apparatus can meet these essential heating and holding requirements which insure absolute safety. This is pasteurized milk. Pasteurized milk is safe milk."

Because of its place in state and national health promotion, the American Red Cross has a direct interest in the problem. Its public health nurses in a number of communities are working with

local medical and health officials toward improved health conditions, frequently in connection with school children.

Nutrition instructors, under the Red Cross, preach the gospel of a proper quantity of safe milk for individuals, children and adults. Instruction in the fundamentals of food selection, including the use of milk, is a regular service of the Red Cross, one of those made possible through the support of a nation-wide Red Cross membership. Enrollment of membership for the coming year, we are reminded, is scheduled for the period November 11-27.

Charge Business Hampers Cancer Aid

(Continued from Page 177)

tubes to stand it, and so far no one has dared to tackle their development because of the patent monopoly."

Dr. Ernst said that one of the principal objectives of the Radiological Research Institute, organized in June during the American Medical Association convention at Detroit, and incorporated last month in Delaware, would be to combat the monopoly and develop xray tubes to the full extent which present knowledge makes possible. He predicted that within a year a tube vastly superior to those now in use would be produced and made available to the profession, despite any and all attempts of the monopoly to interfere.

TO MOVE FOR CHEAPER RADIUM

Another primary object of the institute, he explained, is to reduce the cost of radium and secure a more adequate distribution of the valuable mineral, whose high cost of \$70,000 a gram to individuals he attributed to the machinations of a Belgian trust. Dr. Ernst said that radium should cost no more than \$25,000 a gram under present conditions.

He charged that the Belgian monopolists, after opening mines in the Belgian Congo, had proceeded to force out of business American radium mines, which formerly had supplied the world with the mineral so vital in the treatment of cancer.

SURVEY IS PLANNED

A survey to determine the scope of the European radium cartel and the possibility of breaking its control of the world market, thereby reducing the cost of radium and of radium treatments, has been inaugurated by the Radiological Research Institute, a non-profit, non-dividend paying corporation, whose officers serve without salary, Dr. Ernst said.

"There still remains an abundance of radium ore in this country which formerly supplied the world," he added. "Information and scientific data already obtained by this institute have led us to conclude that these fields (in Colorado and New Mexico) can be worked at a profit and would help to provide the much-needed supply of radium at a price that institutions equipped to use it could afford."

IS RESIDENT OF ST. LOUIS

Dr. Ernst is a resident of St. Louis and a past president of both the Radiological Society of North America and the American Radium Society. In addition to heading the Radiological Research Institute, he is one of its directors. The others are Dr. Rollin H. Stevens, of Detroit; Dr. D. S. Childs, of Syracuse; Dr. Robert May, of Cleveland, president of the Radiological Society of North America, and William W. Buffum, general manager, Chemical Foundation, Inc., New York.

The Institute is to have an advisory board of fifty leading American surgeons, radiologists, chemists, physicists, biologists, dentists and others interested in research, especially in the treatment and diagnosis of cancer. Among those already chosen are Dr. Carter Wood, of New York; Dr. George W. Clark, of the University of Illinois; Dr. Charles F. Geschickter, of the Surgical Pathological Laboratory at the Hopkins, and Dr. Joseph Colt Bloodgood, professor of clinical surgery at the Hopkins.—*Baltimore Sun*, Sept. 17, 1930.

Ephedrine and Habit Formation

In a recent article in the *Ladies Home Journal*, Mr. Reginald Wright Kauffman is authority for the statement that ma huang is closely related to coca and that it is as dangerous as the narcotics of the coca group. Mention of ma huang, the potent principle of which is ephedrine, is incidental to a popular discussion of the

world narcotic situation. The article states: "Ma huang . . . has cocaine's effects—it is exhilarating, habit-forming, deadly." From its phraseology, the source of the statement would appear to be one Alfredo E. Blanco, described as a "leading narcotic expert" of the League of Nations and quoted in the New York *Herald Tribune* of June 24, 1928, as saying: "The stuff (ephedrine) . . . is just as exhilarating (as cocaine) at first, just as habit forming a little later and just as deadly at last." Mr. Blanco is not listed in *Minerva*; Mr. Kauffman is a novelist and magazine writer. In an article "Ephedra, Ephedrine and Cocaine," published in the *Druggists Circular* for December, 1927, p. 1186, H. H. Rusby (also quoted in the newspaper article referred to), after speaking of the habit-forming properties of cocaine, predicts that "there is a possibility of our seeing history repeated in the case of ephedrine, for the effects of these drugs, while quite different in some ways, exhibit striking similarities in others."

Chen and Schmidt in their recent exhaustive monograph, "Ephedrine and Related Substances," make the following statement: "Investigators seem to agree that the prolonged use of ephedrine does not have any cumulative harmful effects and does not result in habit formation. Middleton and Chen reported a case that received a total quantity of 10 grams of ephedrine sulphate in a period of eleven days, but showed no detectable pathologic changes. Withdrawal did not give that patient any discomfort or any craving for the drug. Wu and Read mentioned a case in which ephedrine therapy (40 to 60 mg. every one to three days) was continued for three years. Laboratory examination did not show any ill effects. Thomas and Balyeat, and Collina also express the opinion that ephedrine is not a habit-forming drug." In the statement of actions and uses of ephedrine published by the Council on Pharmacy and Chemistry in New and Nonofficial Remedies there is no reference to habit-forming properties of the drug. A search of the *Quarterly Cumulative Index Medicus* of the American Medical Association fails to reveal published articles on ephedrine as a habit-forming drug.

The positive statements of Blanco and the predictions of Rusby do not appear to be borne out by the critical, scientific reports of Chen, Schmidt, Read and others. Though it is known that the actions of ephedrine on the central nervous system resemble considerably those of cocaine, it is not believed that these are sufficiently pleasant to be a temptation; certainly the effects cannot be at all serious, or they would have become apparent before this.

Experiments reported by M. H. Seevers indicate that in animals already addicted to cocaine the substitution of ephedrine produces an initial condition which cannot be distinguished from that of cocaine, though over a period of time the response to ephedrine tends to diminish rather than increase—a different picture from that seen if cocaine is continued.

Though several cases have come to Dr. Seevers' attention of human individuals who, after prolonged use of ephedrine against asthma, reported that it produces euphoria, he also has received reports of patients who had to discontinue the drug on account of unpleasant stimulation.

The absence of clinical reports of addiction certainly does not substantiate the careless references of the popular writers that have been mentioned. Persons who have used the drug do not appear to have undergone any mental or moral deterioration or any withdrawal symptoms or other difficulty in stopping the use of the drug; the available evidence, therefore, indicates that there is little if any danger of ephedrine becoming a serious habit former—*Jour. A. M. A.*, Sept. 6, 1930.

BOOK REVIEWS

Handbook of Anatomy. By James K. Young, M. D., Late Professor of Orthopedics, Graduate School of Medicine, University of Pennsylvania. Revised by George W. Miller, M. D., Associate in Anatomy, Jefferson Medical College. Seventh Edition. Pp. 460, with 154 illustrations. Fabrikoid. Price, \$3.75. Philadelphia: F. A. Davis Company, 1930.

This new edition of Young's deservedly popular handbook, first published in 1889, has been most carefully revised. The text employs the Basle nomenclature, but it can hardly be styled the "newer terminology", since the B.N.A. was adopted in 1895. The text is clear; the style almost terse. The work is divided into the classical divisions of osteology, myology, etc., and includes a special chapter on surgical anatomy, and one on dental anatomy. The illustrations and tables are excellent, and the index is most complete. Altogether, this is one of the very best of the anatomical handbooks in the English language.

Minor Surgery and Bandaging. By Gwynne Williams, M. S., F. R. C. S., Surgeon to University College Hospital, London. Twentieth Edition. Pp. 445, with 262 illustrations. Fabrikoid. Price, \$3.50. Philadelphia: F. A. Davis Company, 1930.

This book is typically English, in arrangement, style and contents. The minor surgery is much in consonance with the American texts, and is generally conservative. The author leaves less for the interne or house surgeon to do than is customary in this country (and maybe he is right), yet he describes in great detail the Bassini operation for hernia, and the defunct operation of tonsillotomy with the guillotine. Neither of these procedures is minor surgery, though it is frequently surgery on minors. The book is up-to-date, mentioning such recent things as the newer injection solutions for varicose veins, tannic acid for burns, avertin anesthesia, etc., but does not include sodium amytal, etc. Fractures, dislocations, and orthopedic appliances are amply discussed; but in blood transfusion the citrate method only is described. In discussing injuries from gunpowder, the author fails to advise the administration of tetanus antitoxin, an oversight that would entail serious recriminations in this country.

While this book has evidently been very popular in England, where it has been before the profession since 1861, and has run through nineteen previous editions, and while it is indubitably a valuable little manual, we feel it will not catch the fancy of the American profession quite as much as will some of their own texts.

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